

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005823

1. Entity Name
AVE MARIA COLLEGE, INC.



Principal Place of Business
**1025 COMMONS CIRCLE
NAPLES, FL 34119**

Mailing Address
**1025 COMMONS CIRCLE
NAPLES, FL 34119**



03152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3415373

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
C/O TIMOTHY G. HAINES, ESQ.
4501 NORTH TAMiami TRAIL, #300
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000142947
04/30/04-80072-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MONAGHAN, THOMAS S 24 FRANK LLOYD WRIGHT DRIVE ANN ARBOR, MI 48106
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MULLER, RONALD 300 W. FOREST AVE YPSILANTI, MI 48197
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEFEVRE, GERRY 300 W. FOREST AVE YPSILANTI, MI 48197
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RONEY, PAUL 24 FRANK LLOYD WRIGHT DRIVE ANN ARBOR, MI 48106
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL RONEY

Date

Apr. 127, 2004

Daytime Phone #